MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031238

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4379 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED SEP 10 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 25 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5900 Swope Parkway
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3031 Charlotte — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Herman Middle O. Last Peters

4. DATE OF DEATH: Month August Day 23 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-12-1893

9. AGE (last birthday): 68 Yrs — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Cline Truck Co.

11. BIRTHPLACE (City and state or country): Ashton, Kansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Eckard Peters

13b. MOTHER'S MAIDEN NAME: Christina Beck

14. NAME OF HUSBAND OR WIFE: Bernice Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Bernice Peters 3031 Charlotte K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma – lung — 8 months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb '62 to 8-23-62 and last saw her him alive on 8-22-62.
Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION — BY AFFIDAVIT OF William Lowe Mundy

22a. SIGNATURE (Degree or title): William Lowe Mundy M.D.

22b. ADDRESS: 4643 Wyandotte

22c. DATE SIGNED: 8-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-25-62

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): K. C. Mo.

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.: 8-24-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3438		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	163X		
10			
11			
12	86-0		
13			

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Fred Irving
1610 Bry. 1329
4-2-3169

Dr. Munday
4643 Wyandotte
WE 1-1600
after 10:30
Take Ren

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ____________________, Student Embalmer No. ________

working under my personal supervision.

Student ____________________
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.